



CENTERSTONE

Really, Truly Doing What You Say You Are Doing

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Delivering Care That Changes People's Lives

Delivering care that changes people's lives

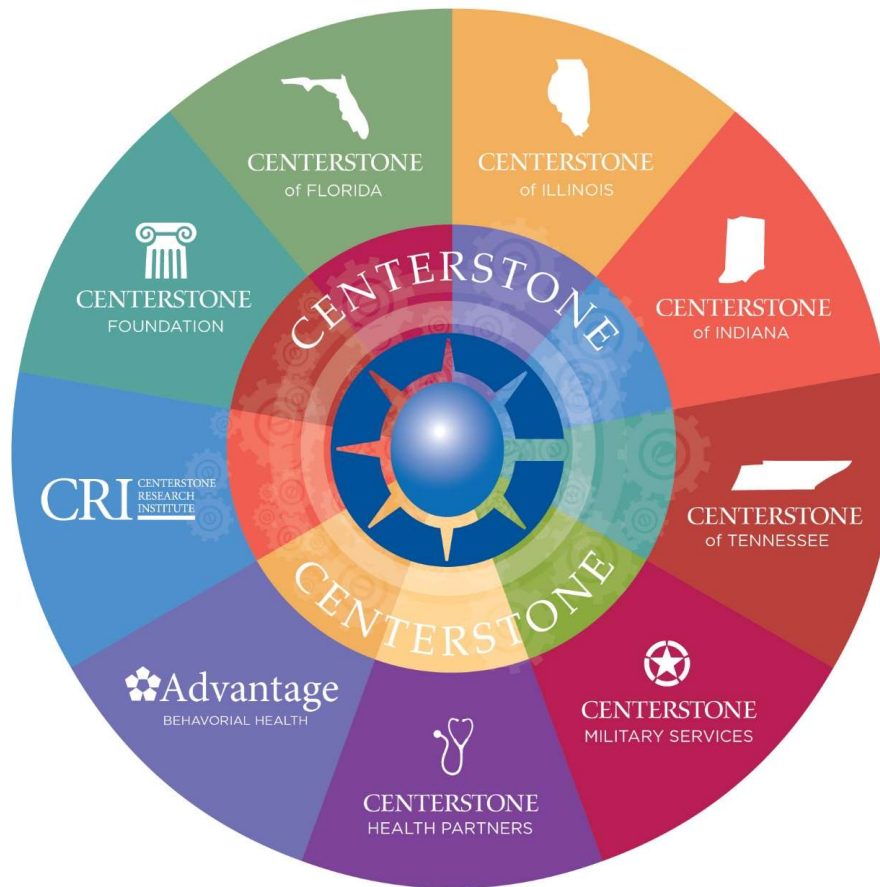
Our Mission | Our Noble Purpose



- ▶ National, private, not-for-profit 501(c)(3) healthcare organization
- ▶ 60+ years in operation
- ▶ Specializing in the treatment and rehabilitation of individuals with mental illness, addictions, traumas and intellectual/developmental disabilities
- ▶ Five state primary footprints; specialized services spanning all 50 states
- ▶ CARF and Joint Commission Accredited
 - ▶ Including specialized CARF Accreditation—Adult and Children & Youth Health Home



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Centerstone's Zero Suicide Initiative



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Zero Suicide: Lead



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Getting Started – Fall 2012

- Organizational Self-Study
- Charter & Project Plan
- Workforce Readiness Survey
- Communication Plan
- Research
- Training Program
- Culture Change
- Pilot Sites (4 urban & rural locations)

Baking It In

- ❖ Suicide Prevention Committee – dedicated & diverse
- ❖ Director of Suicide Prevention – dedicated
- ❖ Suicide Prevention Champions – per program
- ❖ Internal Communication – ongoing
- ❖ Inclusion of “Lived Experience” – planning & service delivery

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Zero Suicide: Train



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Workforce: Competent/Confident

- ❖ Annual Training Plan
- ❖ Clinical & Non-Clinical Staff
- ❖ General Education & Treatment Specific
- ❖ Need for Cost-effectiveness & Ease of Access

Current Training Program

- ❖ Introduction to Centerstone's Clinical Pathway for Suicide Prevention
- ❖ Columbia Suicide Severity Rating Scale (*online & free*)
- ❖ Stanley Brown Safety Plan (*online & free*)
- ❖ Counseling on Access to Lethal Means (*online & free*)
- ❖ Annual Plan for General Education/Treatment Modality Training



Zero Suicide: Identify



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Screening & Assessment

- ❖ All ages in all programs
- ❖ Intake & every subsequent appointment
- ❖ Provisions for daily/residential programs on frequency
- ❖ Personal Health Questionnaire 9 (PHQ9) – Screening (**mandatory in EHR**)
- ❖ Columbia Suicide Severity Rating Scale (C-SSRS) – Screening/Assessment (**mandatory in EHR**)



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Tools in Electronic Health Record

- ❖ Offers staff clinical decision support
- ❖ PHQ-9 & C-SSRS embedded
- ❖ Algorithm coded into EHR
- ❖ Recommendation given based on results (*box pops up*)

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Zero Suicide: Engage



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Clinical Pathway for Suicide Prevention

- ❖ Based on C-SSRS results & clinical judgement
- ❖ Ability to override the recommendation – document justification
- ❖ Any level of staff can place someone in the Suicide Prevention Pathway
- ❖ Placement in the Suicide Prevention Pathway opens a program in EHR
- ❖ The name of those in the Suicide Prevention Pathway displays in red in the EHR
- ❖ Blast email to all providers from past 90 days – entry to and exit from
- ❖ Contact within 24 hours for follow up & confirm means restriction



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Placement in Suicide Pathway

- Education Sheet (**mandatory in EHR**)
- Stanley Brown Safety Plan (**mandatory in EHR**)
- Counseling on access to means
- Confirmation of means restriction
- Engagement of support system
- Engagement of client
- Frequent contact
- Encourage therapy

Education Sheet



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Adding a Pathway to your Treatment Plan

We care about your recovery and want to help you work through this difficult time and find hope. Based on your appointment today, we feel it is important to offer you extra care and attention over the next few weeks.

To do so, we are placing you in a special program we offer to assist people who are having thoughts about suicide. We call it a Pathway. We strongly believe therapy can be a useful tool in understanding your current suicidal thoughts and helping you create changes to where your life seems "livable" again.

This Pathway is meant to help keep you safe while you are working on these life changes.

The following is a list of supports or activities we want to provide for you:

- A plan to get rid of the means or method you might use to hurt yourself. Your family members or a friend may need to help with this.
- Regular check-ins. We hope to have contact with you weekly to make sure you are feeling safe. To do this, we will need your current phone number(s) and an address. Additionally, we'd like to have your permission to contact a family member or friend in case we can't reach you so we will need their phone and address information as well.
- An appointment with one of our medical staff to discuss your current medications or adding/changing medications that could help during your recovery.
- A follow up appointment within a week of starting the Pathway.
- If you don't keep an appointment, we will try to call you. If we can't reach you immediately, we will continue to call you and your emergency contact. If we still can't reach you, we'll send a letter, letting you know we want to hear from you as soon as possible.
- Information about how to get help 24 hours a day, 7 days a week.
- **Most important, we want to help you see there is hope, you can feel better and suicide is not the answer.** We'll want to involve people close to you- with your permission- so they can understand better what is going on with you and learn how to help.

This information was reviewed with me on _____ (date).

Your Name

Centerstone Representative

If you are in crisis, call 800-681-7444.



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Zero Suicide: Treat



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Targeted Suicide Treatment

- ❖ Attempt to schedule & show for weekly therapy – **DIFFICULT**
- ❖ Discourage “Medication Only” treatment
- ❖ Document refusal for therapy services
- ❖ Ask how they would like to be engaged

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Zero Suicide: Transition



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Monitoring the Grid

- ❖ Hospital Liaisons – work with inpatient psychiatric providers around discharge transition
- ❖ Hospital discharged patients must be placed in Suicide Pathway at first post DC appointment
- ❖ Calls to cancel appointments – must speak with a clinician/not cancelled by administrative staff

Suicide Pathway – “No Shows”

- Real time call from provider
- Assess & reschedule if reached
- Document in EHR
- If not reached – mark “No Show”
- Name populates in Crisis Call Center
- “High Risk” Follow Team Activated

Exiting the Suicide Prevention Pathway

- ❖ Based on:

- A) results of C-SSRS (remember given at every visit)
- B) clinical judgment of clinician

- ❖ Only Masters level staff are allowed to removed an individual from the Suicide Prevention Pathway

- ❖ If Bachelors level staff get the recommendation that the individual is no longer recommended to remain in the Suicide Prevention Pathway, they consult with their Masters level supervisor

- ❖ Documentation in EHR explaining reason for disenrollment



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Zero Suicide: Improve



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Quality Improvement

Report Development

- ❖ Number of individuals in Suicide Prevention Pathway
- ❖ Number of Overrides (either way) + Justification
- ❖ Number of Hospital Discharge Appointments/Times Placed in Suicide Prevention Pathway – by provider
- ❖ Number of Times Scheduled Weekly/Number of Times Kept Weekly – by provider

Counting Suicide Deaths

Inclusion in the count

- Create a definition of who will count in the suicide death rate
- Centerstone definition – anyone seen in the last 90 days for any service or they have a future appointment scheduled

Confirmation of death as a suicide

- Create a process of how deaths will be confirmed as a suicide
- Centerstone process – request of a Medical Examiner report or in the absence of a report, using judgment of Quality Improvement staff



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Monthly Data & Analysis

Reviewed by the Suicide Prevention Committee Monthly

- ❖ Monthly suicide count/rolling 12 month count/annual rate
- ❖ Suicide count per location – 12 month look
- ❖ Data related to specific factors of those in 12 month count- age, gender, diagnosis, method, past screening/assessment, status of Pathway enrollment, utilization of services in prior 90 days
- ❖ Fidelity chart audit review



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Benefits of Zero Suicide Data Collection

Routine Data Collection Helps:

- Observe trends overlaid with implementation timing
- Monitor frequency of clinical behaviors
- Provide enhanced training where needed
- Policy changes needed
- Protects from liability



Fidelity Monitoring

Process:

➤ Internally created fidelity monitoring tool

➤ Monitors:

- C-SSRS Screening
- Documentation of elements such as:
 - Reason for enrollment
 - Client Engagement Document
 - Means Restriction
 - Follow-up from No-Show
 - Reason for Disenrollment

- Growth:

➤ Director of Suicide Prevention has primary role in fidelity support & training (new-hire orientation, documentation training, and as needed)



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Impact of Fidelity Monitoring

- Purposeful look into charts at exit from Suicide Prevention Pathway
- Allows assessments of number of staff with high levels of fidelity
- Allows assessments of number of staff with low levels of fidelity

Impact of Fidelity Monitoring

- Capacity to take this intelligence and communicate it (staff, supervisors, Suicide Prevention Committee. Executive Leadership)
- Allows for enhance training for low adopters
- Implementation of Suicide Prevention Pathway “Documentation Needs Improvement” group

Challenges with Staff Compliance

- Too many initiatives thrown at them – they wait us out
- Low number of placements in Suicide Pathway per staff = lack of proficiency in doing so
- No staff buy-in to the Zero Suicide framework
- Lack of staff & supervisor accountability
- Lack of education on suicide prevention



Centerstone Fidelity Outcomes

What is the acceptable benchmark?

- At baseline, hovered around 50% compliance
- Has been as high as the mid 80s compliance
- Currently, bouncing between high 70s and low 80s compliance



Data-Focused Lessons Learned

- Critically important to focus on “Striving for Zero”
- Fidelity monitoring is the proverbial “Rest of the Story . . .”
- Training support and follow-up with staff is critical
- Data can be used for organizational improvement
- Recognize a multitude of variables can influence organizational data (e.g., National & state suicide death rates/trends)



Recommendations: Monitoring

If you are planning to start an organizational Zero Suicide Initiative:

- Develop a Fidelity Monitoring tailored to your organization
- Track 3-6 months of “true” baseline if possible
- Set a benchmark goal
- Develop plans for use of the data
- Recognize that Zero Suicide is an emerging area
- Join a community of Zero Suicide implementers



Centerstone: Future Directions

We recognize Risk Identification and Risk Reduction elements are only the beginning:

- Routine Screening – PHQ-9 & C-SSRS
- Safety Planning
- Means Restriction
- Follow-up from Missed Appointments/Engagement

Future Directions:

- Additional examination of fidelity-based trends
- Increased focus on robust training
- Increased focus on engagement
- Increased focus on implementation of Suicide-Prevention focused treatment



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